

State of California
 Department of Community Services and Development
 CSD 95 (New 10/06)

Attachment VII
2007 NATURALIZATION SERVICES PROGRAM BUDGET
FOR CONSORTIUM

Consortium's Name:

Service Area (Refer to Appendix A):

Application Amount (Refer to Appendix A):

SECTION 1 - CONSORTIUM'S DETAIL BUDGET BREAKDOWN - must be completed if applying as a Consortium. All subtotal(s) must be aggregated and factored into one final cost and entered below in Section 2.

APPLICANT:

NAME:

ADDRESS:

1.a	Cost per Client	\$
1.b	Number of Clients to Be Served:	#
1.c	Subtotal Section 1 (Lines 1.a multiplied by 1.b)	\$

CONSORTIUM PROVIDER 1:

NAME:

ADDRESS:

1.d	Cost per Client	\$
1.e	Number of Clients to Be Served:	#
1.f	Subtotal Section 1 (Lines 1.d multiplied by 1.e)	\$

CONSORTIUM PROVIDER 2:

NAME:

ADDRESS:

1.g	Cost per Client	\$
1.h	Number of Clients to Be Served:	#
1.i	Subtotal Section 1 (Lines 1.g multiplied by 1.h)	\$

1.j	GRAND TOTAL: (Lines 1.c plus 1.f and 1.i.)	\$
------------	---	-----------

1.k	GRAND TOTAL: Number of Clients to be served: (Lines 1.b plus 1.e and 2.h.)	#
------------	---	----------

SECTION 2 - CONSORTIUM'S BUDGET - must be completed if applying as a Consortium.

2.a	Consortium's Combined Cost: (Total must match 1.j.)	\$
2.b	Consortium's Combined Total Number of Clients To Be Served: (Total must match 1.k.)	#
2.c	Consortium's Cost per Client (2.b divided by 2.c)	
2.d	GRAND TOTAL: (Lines 2.a multiplied by 2.b)	
	Total must match Application Amount (Appendix A)**	\$

*Duplicate and attach additional sheets if necessary.

Page 22 of 23

**Rounding issues may occur and are acceptable.